



ISSN: 0975-833X

Available online at <http://www.journalcra.com>

INTERNATIONAL JOURNAL
OF CURRENT RESEARCH

International Journal of Current Research
Vol. 10, Issue, 10, pp.74153-74155, October, 2018

DOI: <https://doi.org/10.24941/ijer.32219.10.2018>

RESEARCH ARTICLE

EVALUATION OF DEPRESSION AND QUALITY OF LIVING IN ELDERLY

¹Jeniffer Moreira Arruda, ²Marciana Ferreira Brito, ³Karla Neco Rodrigues, ⁴Danielle Soares Siva, ⁵Alfredo Maurício Batista de Paula, ⁵Bruna Carol Oliveira da Silva, ⁷Iaggo Raphael David, ⁸Matheus Lemos Silva, ⁹Felipe Oliveira Bittencourt and ^{10,*}Stenio Fernando Pimentel Duarte

^{1,2,3,7,8} Public Health Foundation of Vitória da Conquista, Bahia, Brazil

⁵ State University of Montes Claros, Montes Claros, Minas Gerais

⁶Public Health Foundation of Vitória da Conquista, Bahia, Brazil, Independent College, from Northeast - Vitória da Conquista, Bahia, Brazil

^{6,9,10} Public Health Foundation of Vitória da Conquista, Bahia, Brazil; Faculty of Technologies and Sciences - Vitória da conquista, Bahia, Brazil

ARTICLE INFO

Article History:

Received 10th July, 2018

Received in revised form

29th August, 2018

Accepted 14th September, 2018

Published online 30th October, 2018

Key Words:

Health Services for the Elderly,
Quality of life, Depression,
Mental Disorders,
Aging, Epidemiology,
Interdisciplinary.

Glossary of Abbreviations

IPAQ - International Physical Activity
Questionnaire

TCLE - Free and Informed Consent Form

Copyright © 2018, Jeniffer Moreira Arruda et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Jeniffer Moreira Arruda, Marciana Ferreira Brito, Karla Neco Rodrigues et al., 2018. "Evaluation of depression and quality of living in elderly", International Journal of Current Research, 10, (10), 74153-74155.

INTRODUCTION

According to the United Nations Organization (2016) (Affairs, 2017), it is estimated That the population over 60 years of age grows 3% each year, suggesting That the number of elderly people (over 60 in Developing Countries and 65 in countries developed countries) is expected to be 1.4 billion by 2030 and 2.1 billion by 2050, and could reach 3.1 billion by 2100 (Yokota et al., 2017; Zhou et al., 2015). With the advancement of the age, morphological, functional, physiological and psychological changes occur that cover the whole organism

*Corresponding author: Stênio Fernando Pimentel Duarte, Public Health Foundation of Vitória da Conquista, Bahia, Brazil, Faculty of Technologies and Sciences - Vitória da conquista, Bahia, Brazil.

and determine the progressive loss of functional capacity and adaptation of the individual to the environment, causing greater vulnerability and hindering their work capacity with a decrease in family income (Barbosa et al., 2014; World Health Organization, 2017). Old age is often portrayed as a time of rest and reflection, but some events appear as chronic and debilitating diseases, loss of friends and loved ones, in many cases, the inability to participate in work activities, which may emotional, social and psychological well-being (Hitchcott et al., 2017; Nunes et al., 2016). The need for basic health care and psychiatric care is increased, so preventive practices are addressed and physical or psychological illnesses such as depression are minimized or even avoided (Nunes et al., 2016). Depressive disorders have been evidenced in public health, specifically geriatric depression (Tartaglioni et al., 2017),

possibly because of the negative impact on health and quality of life as well as ways of preventing the disease (Bicalho *et al.*, 2017). A diagnosis of depression in the elderly can lead to withdrawal from social life, reducing their physical and mental health (Bicalho *et al.*, 2017; Dias *et al.*, 2017). Faced with the unpreparedness of society to deal with the condition of social, biological and psychological vulnerability of the elderly, their daily life becomes permeated by intense problems that involve their devaluation, failing to meet the needs of the age group, decreasing their quality of life (Rodrigues *et al.*, 2015). In view of the above, aiming to improve the conditions of care, treatment, quality of life and health of the elderly, the present study aims to evaluate the association between depression and quality of life in the elderly.

METHODOLOGY

This is a cross-sectional, descriptive, quantitative study carried out in Vitoria da Conquista at 923 meters altitude, with the geographical coordinates: latitude 14 ° 51'58 "S, longitude 40 ° 50 '22" W, region northeast, state of Bahia. The present study is part of a research carried out by the Center for the Extension, Research and Study of Chronic Diseases, whose general objective is to identify and evaluate the Epidemiological Profile of Chronic Diseases of a municipality in the interior of Bahia. The present study was approved by the Research Ethics Committee of the Independent College of the Northeast / BA, with approval opinion n° 128818/2016. The participation of individuals was voluntary and all read, agreed and signed the ICF. The sample consisted of 241 elderly of both genders, being 64 evils and 177 females. We use an inclusion criterion to have answered the questionnaires used to obtain the date and have signed the informed consent form (TCLE); children, adolescents, adults, people who were bedridden or hospitalized were excluded from the study.

To obtain the variables in question, we used the (1) Beck Depression Inventory[12] in which it assesses the level of depression of the individual through 21 questions; (2) WHOQOL-OLD, specific for the elderly (Musalek *et al.*, 2017) proposed by the WHO to analyze the quality of life of the subject; (3) the International Physical Activity Questionnaire (IPAQ) (Seron *et al.*, 2015), in which it assesses whether the individual is physically active or sedentary. Other variables such as gender, age, marital status, who lives and salary contribution were obtained through the (4) IBGE socioeconomic questionnaire.

The study was randomized and the statistical analysis was performed with the SPSS® (Statistical Package for Social Science for Windows), Version 22.0. The Pearson chi-square test was used, considering the level of significance of the results of $p < 0.005$.

RESULTS

The survey consisted of 241 elderly people of both genders, most of them women (73.4%). Regarding the gender, statistical association with the diagnosis of depression was found to be $p \leq 0,000$, demonstrating that gender is an important risk factor. Among the elderly diagnosed with depression, 84.4% were women. Regarding quality of life, we did not find an association with the diagnosis of depression, and 97.1% answered that they had a good quality of life. In contrast, 97.9% of people diagnosed with depression report having a good quality of life, suggesting that quality of life is not a risk factor. Being married or single, living alone or accompanied, were also variables that were not associated with depression.

The variable income was considered a risk factor for the diagnosis of depression. Contributing with less than 50% of the family income is related to the significant association with depression being the value of $p \leq 0,045$. Being physically active was considered a protective factor against the diagnosis of depression with $p \leq 0.010$.

DISCUSSION

The results showed that women are more likely to have depression than men, and gender is considered a risk factor for depression with a significant association with $p \leq 0,000$. Corroborating with our findings, the World Health Organization reported in 2017 that the female gender was at greater risk of developing depression than men (World Health Organization, 2017). In our sample, more than half of the respondents stated that they had a good quality of life, such as the results found in the study by Fabiano and collaborators (2017) (Fabiano *et al.*, 2017) (643%) of the elderly reported good quality of life. Still, 59% of the elderly had a diagnosis of depression, suggesting that regardless of the quality of life considered good, there is a risk for the onset of depression in the elderly. In this study, the results of the present study show that the prevalence of elderly people with a high level of quality of life (Rodrigues *et al.*, 2015), corroborating with our findings, good quality of life was high the diagnosis of depression.

Table 1. Characteristics of the sample and associations with and without the diagnosis of depression

| Variable | | Depression | | | | | | |
|-------------------|---------------------------|------------|------|------|------|---------|------|---------|
| | | Without | | With | | p-value | | |
| | | n% | n% | n% | n% | | | |
| Gender | Male | 64 | 26,6 | 41 | 41,4 | 22 | 15,6 | 0,000* |
| | Female | 177 | 73.4 | 58 | 58.6 | 119 | 84.4 | |
| Quality of life | Normal | 7 | 2.9 | 4 | 4.0 | 3 | 2.1 | 0.386 |
| | Good | 233 | 97.1 | 95 | 96.0 | 138 | 97.9 | |
| Marital status | Married | 110 | 47.8 | 51 | 53.1 | 59 | 44.4 | 0.119 |
| | Single | 120 | 52.2 | 45 | 46.9 | 74 | 55,6 | |
| Income | Does not Contribute | 33 | 13.7 | 14 | 14.1 | 19 | 13.5 | 0.045 * |
| | Contributes less than 50% | 119 | 49.4 | 39 | 39.4 | 80 | 56.7 | |
| | Contributes more than 50% | 7 | 2.9 | 4 | 4.0 | 3 | 2.1 | |
| | Contributes with 100% | 81 | 33.6 | 42 | 42.4 | 39 | 27.7 | |
| Mora | Only | 1 | 0.4 | | | | | 0.252 |
| | Accompanied | 36 | 15.2 | 18 | 18.4 | 18 | 12.9 | |
| Physical activity | Accompanied | 201 | 84.8 | 80 | 81.6 | 121 | 87.1 | 0.010 * |
| | Not active | 187 | 78.6 | 69 | 70.4 | 118 | 84.3 | |
| | Active | 51 | 21,4 | 29 | 29.6 | 22 | 15.7 | |

Sources of research 2017 * Statistical association with significance level of $p \leq 0.05$.

According to the study by Cohen, Paskulin and Prieb (2015) (Cohen *et al.*, 2015) conducted with elderly people who were accompanied, they had a higher prevalence of depressive symptoms, corroborating with the present study, in which even elderly people living with them show a higher rate of depression, not having solitude as a standard for the diagnosis of the disease but other risk factors (Cohen *et al.*, 2015). Besides the implications on the psychological state of the elderly, the physical state is very important, and can affect in a decisive way the social aspects and the psychological health (Ferreira *et al.*, 2015). In this study, the variables of physical activity and quality of life show that even the individual having a good quality of life, not practicing physical activity is a gateway to depression. The present study demonstrated to high rate of depression in elderly people who do not practice physical activity, in agreement with the study by Mazo and collaborators (Mazo *et al.*, 2012). practicing physical activity has a lower rate of depression reaching only 9.2% in the population of 174 elderly people, showing that maintaining good levels of physical activity, regardless of their attributions, is a protective factor against the diagnosis of depression.

Final Considerations: In the analysis / evaluation of the individuals the largest number of respondents was female, being more than half the population, with a great influence of both socioeconomic factors and quality of life for the diagnosis of depression. The study showed that in the male gender, the quality of life does not influence the diagnosis of depression. It also emphasizes that both genders demonstrate partial dependence on someone, since the factor of advanced age decreases their ability to perform certain work activities, thus reducing the contribution in family income. The information contained in the screen study demonstrates the impacts caused by physical inactivity and the fact that they live alone, since the presence of a partner or spouse acts positively for the diagnosis of depression; important results for implementation of greater care for the general health of the elderly.

Conflict of interest: The authors claim no conflict of interest.

Financing: Support from the Public Health Foundation of Vitória da Conquista, Bahia, Brazil.

REFERENCES

Affairs. D of E and S. 2017. World Population Prospects. UN Dep Econ Soc Aff.

Barbosa BR., Almeida JM. de, Barbosa MR., Rossi-Barbosa LAR. 2014. Avaliação da capacidade funcional dos idosos e fatores associados à incapacidade. *Cien. Saude. Colet.*, 19:3317–25. doi:10.1590/1413-81232014198.06322013.

Bicalho LEA., Albuquerque MR., Paula JJ., de, Lage GM. 2017. Motor control assessment of community-dwelling older adults with depressive symptoms. *Mot. Rev. Educ., Física.*, 23:1–8. doi:10.1590/s1980-6574201700040005.

Cohen R., Paskulin LMG., Prieb RGG. 2015. Prevalência de sintomas depressivos entre idosos em um serviço de emergência. *Rev. Bras. Geriatr e Gerontol.*, 18:307–17. doi:10.1590/1809-9823.2015.14052.

Dias FL., da C., Teixeira AL., Guimarães HC., Barbosa MT., Resende E .de PF., Beato RG. *et al.*, 2017. Accuracy of the 15-item Geriatric Depression Scale (GDS-15) in a community-dwelling oldest-old sample: the Pietà Study. *Trends Psychiatry Psychother.*, 39:276–9. doi:10.1590/2237-6089-2017-0046.

Fabiano J., Santos G., Barbosa L., Iv S. 2017. Associação entre depressão e qualidade de vida em idosos : atenção primária à saúde:1–8. doi:10.12957/reuerj.2017.19987 Soares.

Ferreira AH., Godoy PBG., Oliveira NRC. de, Diniz RAS, Diniz REAS., Padovani R. da C. *et al.* 2015. Investigação da ansiedade, depressão e qualidade de vida em pacientes portadores de osteoartrite no joelho: um estudo comparativo. *Rev. Bras. Reumatol.*, 55:434–8. doi:10.1016/j.rbr.2015.03.001.

Hitchcott PK., Fastame MC., Langiu D., Penna MP. 2017. Cognitive failures in late adulthood: The role of age, social context and depressive symptoms. *PLoS. One.*,12:1–14. doi:10.1371/journal.pone.0189683.

Mazo GZ., Krug RR., Virtuoso JF., Streit IA., Benetti MZ. 2012. Autoestima E Depressão Em Idosos Praticantes De Exercícios Físicos. *Kinesis.*, 30:188–99. doi:10.5902/010283085724.

Musalek C., Kirchengast S. 2017. Grip strength as an indicator of health-related quality of life in old age-a pilot study. *Int J. Environ. Res. Public. Health.*, 14. doi: 10.3390/ijerph14121447.

Nunes WA., Dias FA., Nascimento JS., Gomes NC., Tavares DM. dos S. 2016. Cognition, functionality and depression indicative among elderly. *Rev. Da. Rede Enferm Do. Nord.*, 17:103–11. doi:10.15253/2175-6783. 2016 000 10 0014.

Rodrigues GH., de P., Gebara OCE., Gerbi CC., da S., Pierri H., Wajngarten M. 2015. Depression as a Clinical Determinant of Dependence and Low Quality of Life in Elderly Patients with Cardiovascular Disease. *Arq Bras Cardiol* 2015. doi:10.5935/abc.20150034.

Seron BB., Arruda GA. De, Greguol M. 2015. Facilitadores e barreiras percebidas para a prática de atividade física por pessoas com deficiência motora. *Rev. Bras. Ciências Do. Esporte.*, 37:214–21. doi:10.1016/j.rbce.2013.09.003.

Tartaglini MF., Dillon C., Hermida PD., Feldberg C., Somale V., Stefani D. 2017. Prevalence of Geriatric Depression and Alexithymia and their association with sociodemographic characteristics in a sample of elderly persons living in Buenos Aires, Argentina. *Rev Bras Geriatr e Gerontol.*, 20:516–24. doi:10.1590/1981-22562017020.160126.

Tolentino TM., Formiga NS., Maia M de F de M., Sousa BV. de O., Melo DF. de. 2018. Modelagem estrutural e consistência interna da Escala de Depressão de Beck em adolescentes brasileiros não clínicos. ResearchGate.

World Health Organization. Depression and other common mental disorders: global health estimates. *World Heal Organ* 2017:1–24. doi:CC BY-NC-SA 3.0 IGO.

Yokota RTC., Nusselder WJ., Robine JM., Tafforeau J., Deboosere P., Moura L. *et al.*, 2017. Contribution of chronic conditions to functional limitations using a multinomial outcome: Results for the older population in Belgium and Brazil. *Arch Public Heal.*, 75:1–12. doi:10.1186/s13690-017-0235-3.

Zhou B., Bentham J., Di Cesare M., Bixby H., Danaei G., Cowan MJ. *et al.*, 2017. Worldwide trends in blood pressure from 1975 to 2015: a pooled analysis of 1479 population-based measurement studies with 19·1 million participants. *Lancet.*, 389:37–55. doi:10.1016/S0140-6736(16)31919-5.